

ATTACHMENT
C
PART 3

NSN 7540-00-334-4176

600-108

| HEALTH RECORD | | CHRONOLOGICAL RECORD OF MEDICAL CARE | |
|---|---|--------------------------------------|--------|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) | | |
| 12-1-98 1340 | HYPERTENSION CLINIC | | |
| Subjective Findings: | | | |
| a. Medical complaints or concerns of patient: | | | |
| Contacted - will be rescheduled | | | |
| b. Health Promotion/Disease Prevention Assessment: | | | |
| 1. Cessation of smoking: | | | |
| 2. Diet: | | | |
| 3. Activity: | | | |
| 4. Medications: | | | |
| (1) Drug side effects: | | | |
| (2) Drug interactions: | | | |
| 5. Patient Compliance with Therapeutic Regimen: | | | |
| c. Impact of Condition on Activities of Daily Living: | | | |
| d. Need for special accommodations: | | | |
| Objective Findings: | | | |
| a. Temp: Pulse: Resp: BP: Weight: | | | |
| b. Fundoscopic Examination: | | | |
| Thick, Dull Vessels | | Localized or Generalized | |
| (Copper Wire) | | Narrowing of Arterioles | |
| Present | Absent | Present | Absent |
| A-V Nicking | | Flame Shaped Hemorrhages | |
| Present | Absent | Present | Absent |
| Cotton-wool patches | | Optic Disk Swelling | |
| Present | Absent | Present | Absent |

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SIGGERS, KEVIN

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

51627-060

DATE OF BIRTH

CHRONOLOGICAL RECORD OR MEDICAL CARE


STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

SF_600 (Back)

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) | | | |
|------|---|--------|------------------------|--------------|
| | c. Cardiac Examination: | | | |
| | Loud Aortic Second Sound | | Left Ventricular Heave | |
| | Present | Absent | Present | Absent |
| | Ejection Click | | Presystolic Gallop | |
| | Present | Absent | Present | Absent |
| | d. Lungs: | Clear | Wheezes | Rales Ronchi |
| | e. Thyroid Gland: | | | |
| | f. Diagnostic Studies | | Result | Date of Exam |
| | CBC | | WNL | Abnormal |
| | UA | | WNL | Abnormal |
| | SMA 20 | | WNL | Abnormal |
| | Lipids | | WNL | Abnormal |
| | EKG | | WNL | Abnormal |
| | CXR | | WNL | Abnormal |
| | Optometry Consult | | WNL | Abnormal |
| | Assessment: | | | |
| | a: Diagnosis: | | | |
| | b: Disease Progression or Complications: | | | |
| | c. Therapeutic Efficacy: | | | |
| | Plan: | | | |
| | a. Medications: | | | |
| | b. Next Diagnostic Studies Due: | | | |
| | c. Return to Clinic: | | | |
| | d. Patient Education: (Check Topics Discussed) | | | |
| | <input type="checkbox"/> Complications of Hypertension | | | |
| | <input type="checkbox"/> Diet | | | |
| | <input type="checkbox"/> Exercise | | | |
| | <input type="checkbox"/> Avoidance of Tobacco | | | |
| | <input type="checkbox"/> Therapeutic Compliance | | | |
| | <input type="checkbox"/> Drug Interactions | | | |
| | <input type="checkbox"/> Target Blood pressure: Below 140/90 | | | |
| | <input type="checkbox"/> Target Weight for next Clinic: | | | |
| | <input type="checkbox"/> Target Activity Level for Next Clinic: | | | |

CHRONOLOGICAL RECORD OF MEDICAL CARE

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

| | | | |
|--|------------------------|---|-----|
| RECORDS MAINTAINED AT: | |  | |
| PATIENT'S NAME (Last, First, Middle Initial) | | | SEX |
| SIGGERS, Kevin | | | |
| RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE | |
| | | | |
| SPONSOR'S NAME | | ORGANIZATION | |
| | | | |
| DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH | |
| | 516-27-060 | | |

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

7540-00-634-4176

600-108

| HEALTH RECORD | | CHRONOLOGICAL RECORD OF MEDICAL CARE | |
|---|---|--------------------------------------|--|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) | | |
| 11/6/98 1240 | PSYCHIATRIC CLINIC: MOOD DISORDER | | |
| SUBJECTIVE: | | | |
| 1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep pattern): <i>restless in afternoon if not busy</i> | | | |
| 2. Inquiry into current medical or psychological concerns of patient: <i>see above, restless, hears "own voice" telling him things, occas. paranoid, gets into trouble if not</i> | | | |
| 3. Medication Compliance and Presence of Side Effects: <i>sleepy C AM Trazodone</i> <i>was evaluated at FRC Rock, says was to be transferred to Institution for psych TX</i> | | | |
| 4. Use of Psychological Services: <i>limited</i> | | | |
| 5. Current appetite: <i>good</i> | | | |
| 6. Sleep pattern: <i>OK C Trazodone</i> | | | |
| 7. Ability to work: <i>fair</i> | | | |
| 8. Current hobbies and sources of entertainment: <i>limited</i> | | | |
| 9. Status of relationships with significant relations, peers and staff: <i>likes isolation</i> | | | |
| 10. Near and long term plans and goals: <i>stay out of trouble</i> | | | |
| 11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death: <i>none</i> | | | |

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI HCK

PATIENT'S NAME (Last, First, Middle Initial)

Slaggers, Kevin

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

51627-060

DATE OF BIRTH

CHRONOLOGICAL RECORD OR MEDICAL CARE

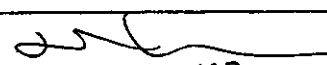
STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

F 600 (Back)

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------|--|
| | OBJECTIVE: |
| | 1. Grooming and hygiene: <i>good</i> |
| | 2. Weight: <i>—</i> |
| | 3. Cognitive impairment (ability to focus on issues, realistic goals): <i>OK</i> |
| | 4. Affect: <i>flat</i> |
| | 5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior): <i>poor → fair</i> |
| | ASSESSMENT: Axis I: <i>NIC Personality D/O, Depression</i> |
| | 1. Diagnosis: Axis II: Axis III: |
| | 2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation: <i>no</i> |
| | 3. Medication Compliance, Side Effects, Drug Interactions: <i>good</i> |
| | PLAN: |
| | 1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling: <i>referral to Psychology, needs job to keep busy</i> |
| | 2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). <i>understands</i> |
| | 3. Return to clinic: <i>7 mo</i> |
| | 4. Medications: <i>Trazodone 50mg IT HS x 90 da</i> |
| | <i>D. OLSON, M.D. CLINICAL DIRECTOR</i> |

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) |
|----------|--|
| 10-21-98 | Intake Screening |
| 12-25 | No Body lice |
| | No Suicidal Ideas |
| | Psychiatric |
| | Hypertension |
| | Allergic to Penicillins, Bactrim |
| | TRAZIDONE 50 mg Tab Take 1 tab. at 8 AM. |
| | X 2 tab. at Bed Time |
| | Put on Psychiatric clinic & HTN Clinic |
| | W. Hamandi |
| | W. Hamandi, MLP |
| 10/21/98 | Adm Note |
| 1400 | ① HTN, depression - place on HTN, psych clinic Trazidone 50 mg T AM, HTAS X 30 days |
| | <div style="display: flex; justify-content: space-between;"> <div> Patient Educ - <input checked="" type="checkbox"/> Dosage <input checked="" type="checkbox"/> Special Instructions <input checked="" type="checkbox"/> Understood C. Gelsick, R.Ph. </div> <div>  J. OLSON, M.D. MEDICAL DIRECTOR </div> </div> |
| 10-22-98 | Failed to show for requested appointment |
| 0750 | H. Georgy, MLP |

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

DEPART./SERVICE

SSN/IDENTIFICATION NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

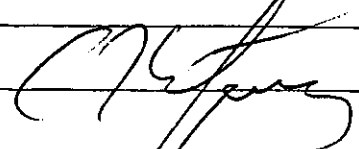
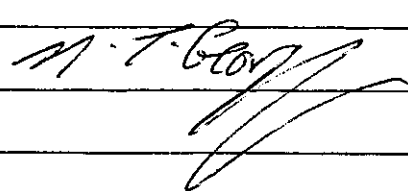
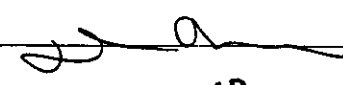
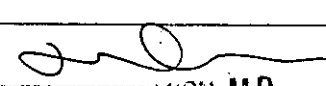
SEX

RANK/GRADE

ORGANIZATION

DATE OF BIRTH

STANDARD FORM 600 (REV. 5-64)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

| each entry: DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------------------|--|
| 10/28/98 0815 | Hx of Dengue PPD + tetanus given F/U 48hrs Clear for full duty T. Montgomery, MLP  |
| 10-28-98 0900 | pt refuse Trazodone 50mg QAM Patient Educ - + Dosage + Special Instructions + Understood C. Gelsick, R.Ph. M.T. Gelsick  |
| 10/28/98 1000 | Admin Note Inmate refuses Trazodone, has signed DC Trazodone, clinic F/U, DC AM dose only Patient Educ - + Dosage + Special Instructions + Understood C. Gelsick, R.Ph. J. OLSON, M.D. CLINICAL DIRECTOR  |
| 10/29/98 1000 | Admin Note UA - 2+ blood, 2+ protein, w/ UA  J. OLSON, M.D. CLINICAL DIRECTOR |

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-------------------|--|
| 10/16/98 09/10 | <p>S* The Patient Complaint of body itches which is recurrent. He has been taking skin lotion and diphenhydramine (Benadryl) with good results.</p> <p>O - generalized itches: dry, scaly rash, more on some areas of the body</p> <p>A - 1/2 Allergic skin reaction 1/2 Dermatitis (contact) etiology unknown</p> <p>P-Q Medication Education was conducted</p> <p>1) Discuss the effects of the medication</p> <p>2) It is important to treat the reaction</p> <p>3) Diphenhydramine 50mg 7 cap po bid (prn) X 5 days #10 (Keep 3)</p> <p>4) Hydrocortisone cream 1% apply to involved areas of the body three day X 5 days. Total # 1 (Keep 3) (use on face minimally / sparingly)</p> <p>5) PRN if necessary</p> |
| | <p>V. J. Foster PA Vicarthur R. Foster Physician Assistant</p> |

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

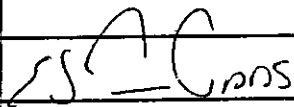
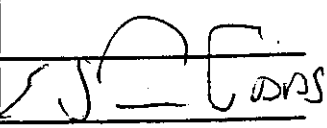
USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

| | | | | |
|-------------------------|------------------------|--|--|------------|
| RECORDS MAINTAINED AT: | | PATIENT'S NAME (Last, First, Middle Initial) | | SEX |
| | | SICGERS KEVIN | | |
| RELATIONSHIP TO SPONSOR | | STATUS | | RANK/GRADE |
| | | | | |
| SPONSOR'S NAME | | ORGANIZATION | | |
| | | | | |
| DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH | | |
| | 57627-060 | | | |

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

OKLAHOMA CITY

| CLINICAL RECORD | | DENTAL TREATMENT RECORD (Continuation) | |
|-----------------------|---|--|--|
| DATE | DIAGNOSIS-TREATMENT-REMARKS | SIGNATURE | |
| 9-25-98 sc 0815 | S - part of temporary gone - tooth sensitive still - need it filled O - #15 has had endo started/finished according to invoice - needs perm filling - why sensitive still? A - p.o. complication from endo tx. P - will tx tooth as symptomatic p.o. endo for now - possible failure 1) already on Motrin 2) Erythromycin 250mg 1 QID 7 days |  Dr. Eric Touet Chief Dental Officer Federal Transfer Ctr. OKC, OK | |
| 10-7-98 sc 1000 | Tooth hurting worse; perisperm sensitive; brought to clinic; 1 PA, crown syndrom; 2x L8 cc .59. Mercurial 19.200,000 gm, POI Erythromycin 250mg 1 QID 7 days |  Dr. Eric Touet Chief Dental Officer Federal Transfer Ctr. OKC, OK | |
| | Hal Kessler Rph Federal Transfer Center, OK | | |

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Siggers Kevin
51627-060
3C

Federal Transfer Center
OKC, OK

DENTAL TREATMENT RECORD
HSA-237 (6-74)

NSN 7540-00-834-4178

| HEALTH RECORD | | CHRONOLOGICAL RECORD OF MEDICAL CARE | |
|---------------|--|--------------------------------------|--|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) | | |
| 09-24-98 | (9) Wounds of toothache from incomplete root canal done in other institution. | | |
| 10/27 | (10) /NAD Alert, nervous, cooperative, oriented x3. Oral cavity - unremarkable. Subjective tenderness on last molar (L upper) | | |
| | (A) Toothache, allergic to penicillin | | |
| | (B) Med - ibuprofen 600 mgas po tid x 700 days Flu e Dentist Rte, Dan Educated on findings, Dr, Te, Phew. Unbated understanding compliance Cart 3C 1 1/2 hr | | |
| | Carlos Mier, PA Federal Transfer Center Oklahoma City, Ok | | |
| | Kent Officer, Rph Federal Transfer Center, OK | | |

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

| | | | |
|--|------------------------|---------------|--|
| RECORDS MAINTAINED AT: | | SEX | |
| PATIENT'S NAME (Last, First, Middle Initial) | | M | |
| SIEGERS, KEVIN | | | |
| RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE | |
| SPONSOR'S NAME | | ORGANIZATION | |
| DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH | |
| | 51627-060 | | |

FTC Oklahoma City, OK

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

MEDICAL SUMMARY OF
U.S. Department of Justice

I. PRISONER/ALIEN

Name: SIGGERS KEVIN Prisoner/Alien Reg. # 51627-060 D.O.B: 8-22-70
 Departed From: MCJ C Date Departed: 9-23-98
 Destination: _____ Reason for Transfer: _____
 Dist. Name: _____ Dist. # _____ Date in Custody: _____

II. Current Medical Problems

1. PSYCHIATRIC
2. ALLERGIES ON M. 15/10/98 W/CH
3. ALLERGIC PEN, BACTRIM
4. _____
5. _____
6. _____

TB Clearance ☒ Yes ☐ No
 1) PPD Completed: 1-97 Date _____
 Results: NEG
 2) CXR Completed: _____ Date _____
 3) Health Authority Clearance: 2000 9-23-98
 Sign _____ Date _____

Note:
 Dates listed above must be within one year of this transfer.

| | | | Medication Required For Care En Route | |
|---|-------|-------|--|------|
| Medication | Dose | Route | Instructions For Use (Include proper time for Administering) | Stop |
| TRAZADONE | 50mg | PO | 9 AM (8 AM) | |
| TRAZADONE | 100mg | PO | 8 PM (8 PM) | |
| PHARMACY SERVICES FTC OKLAHOMA, OK 73189 405-682-4075 RX4964 DR. HUBER 10/09/98 SIGGERS, KEVIN 3C 51627-060 51627-060 TAKE ONE TABLET IN THE MORNING AND TAKE TWO TABLETS AT 0800 BEDTIME 2000 MEDICATION TIMES: once daily = 6:00 a.m. 2 x daily = 6:00 a.m. & 3:30 p.m. 3 x daily = 6:00 a.m., 11:30 a.m., & 3:30 p.m. 4 x daily = 6:00 a.m., 11:30 a.m., 3:30 p.m., & 9:30 p.m. Cleared Pharmacy for Transfer FTC, Oklahoma City, OK | | | | |
| | | | GENERIC FOR: DESYREL 50MG TAB TRAZADONE 50MG TAB # 90 KW 1 REFILL(S) EXPIRES: 12/23/98 | |

Additional Comments:

ALLERGIES - BACTRIM, PEN
DOXYCHLORINE, EGGS

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

- Is prisoner medically able to travel by BUS, VAN or CAR? ☒ Yes ☐ No If no, Why not?
- Is prisoner medically able to travel by airplane? ☒ Yes ☐ No If no, Why not?
- Is prisoner medically able to stay overnight at another facility en route to destination? ☒ Yes ☐ No If no, Why not?
- Is there any medical reason for restricting the length of time prisoner can be in transport status? ☐ Yes ☒ No If yes, state reason:
- Does prisoner require any medical equipment while in transport status? ☐ Yes ☒ No If yes, What equipment?

Sign & Print Name- Certifying Health Authority:

Robert K. [Signature]
Robert K. [Signature]

Phone Number:

330-480-4961

Date Signed:

9-23-98

Original-Upon Transfer

Federal Transfer Center
Oklahoma City, OK

SEP 23 1998

Date: _____
Medication: ☒ Yes ☒ No
Hot Meds: ☒ Yes ☒ No
Meds Issued: ☒ Yes ☒ No
Lice Seen: ☒ Yes ☒ No

Signature & Stamp

Food or Drug Allergies: PCV
NKA; Allergies: _____

Current Medical Status: ✓
No Complaints; Complaint of _____

TB Signs and Symptom (s): NONE
cough, hemoptysis, night sweats, wt. loss

Brian Cronenwett, LT.
Registered Nurse
Federal Transfer Center, OKC, OK

10/13/98
2120

USP Lewisburg

Inmate Received, this date 10/13/98

Medical History Reviewed Yes

Evidence Body Lice: Yes ☒ No ☒

Medications: Yes ☒ No ☒ pill line every med given

Hubert

Hope E. Zeiber, RN

O.K. For Transfer

10/21/98

USP Lewisburg

Received: Yes ☒ No ☒

see front

[Signature]
N. RODRIGUEZ-MIRALLES PA

FCI/FPC McKean

Inmate Received this date 10-21-98

Medical History (BP-360) Reviewed ✓

Evidence Body Lice: Yes ☒ No ☒

Medications: Yes ☒ No ☒ - Given _____

[Signature]

W. Hamandi, MLP

U.S. DEPARTMENT OF JUSTICE

TB Clearance
 PPD Completed: 3-31-98
 Results: 1 x 0 mm ^{Date}
 Interpreted as: (-) neg
 (Positive or Negative)
 CXR Completed: _____
 (Date)
 Results: _____
 Note: Date(s) listed above
 must be within one year of
 this transfer.

Diagnoses: 1. Depression 4. _____
2. _____ 5. _____
3. _____ 6. _____

| Medication | Dose | Route | Instructions for Use (Include proper time for administering) | Stop |
|-------------|------|-------|--|------|
| <i>None</i> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

** IF ANY MEDICATIONS ARE LISTED, THEY ARE TO BE TAKEN BY MOUTH UNLESS OTHERWISE STATED. ALL MEDICATIONS LISTED ARE TO BE TAKEN INDEFINITELY OR UNTIL FURTHER EVALUATION BY MEDICAL STAFF.

Date Signed _____

PROGRESS NOTES ENROUTE

| Date | Time | Institution | Symptoms, Findings, Medications, Treatment, Order, Etc. |
|------|------|-------------|--|
| | | | <p data-bbox="815 1814 1346 1837">Attach SF-600 if additional space is required.</p> |

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

This form replaces BP-149.060 and BP-S149.060 dtd Nov 1994

RECEIVED
FEB 21 2006
FBI WFO/CSU

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

| | | | | | |
|---|--|--|--|--|--|
| Enter in above space | | PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE | | SPECIMEN/LAB. RPT. NO. | |
| REQUESTING PHYSICIAN'S SIGNATURE | | REPORTED BY | | PATIENT'S MED. RECORD | |
| W. Flatt | | S. Czakai, Med Tech. | | CHEM I | |
| | | MD DATE | | URGENCY | |
| | | 2/21/01 | | <input type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT | |
| | | | | PATIENT STATUS <input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> DOM | |
| | | | | SPECIMEN SOURCE <input checked="" type="checkbox"/> BLOOD <input type="checkbox"/> OTHER (Specify) | |
| | | | | LAB. ID. NO. | |
| REMARKS | | | | 546-107 | |
| TEST(S) SPECIMEN TAKEN TIME 6:50 P.M. DATE 2/21/01 RESULTS 85 mg/dl REQUESTED (K) GLUCOSE UREA N. CREATININE URIC ACID SODIUM POTASSIUM CHLORIDE CO ₂ PHOSPHATE CALCIUM TOTAL PROTEIN ALBUMIN GLOBULIN ALKALINE PHOSPHATASE ACID PHOSPHATASE SGOT LFT CPK BUN CREATININE CLINICAL CHEMISTRY DIRECTOR CHOLESTEROL TRIGLYCERIDES AMYLASE LIPASE PROFILE (Specify) | | Normal: Glucose 72-120 | | CHEMISTRY I STANDARD FORM 546 (Rev. 8-77) PRESCRIBED BY GSA (CMR) FIRM (41 CFR) 201-45.505 | |

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

51627-060

WARD NO.

LABORATORY REPORTS
Standard Form 514

Prescribed by GSA/CMR
FIRM (41 CFR) 201-45.505
October 1975 514-108

30 - 1005 0 - 160-817

| CLINICAL RECORD | | LABORATORY REPORTS | |
|---|-------------------|---|--------------------------|
| <p style="text-align: center; font-size: 1.2em;"><i>Siggers, Kevin</i> 51627-060</p> <p style="text-align: center;">FCI McKean Health Svc. 01 AUG 22 AM 7:20</p> <p style="text-align: center;">FCI McKean P.O. Box 5000 Bradford, PA 16701</p> | | <p style="text-align: center;">SPECIMEN/LAB. RPT. NO.</p> <p style="text-align: center;">CHEM I</p> <p>URGENCY <input type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT </p> <p>PATIENT STATUS <input type="checkbox"/> BED <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> NPI SVC <input type="checkbox"/> DOM </p> <p>SPECIMEN SOURCE <input checked="" type="checkbox"/> BLOOD <input type="checkbox"/> OTHER (Specify) </p> <p>LAB. ID. NO.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">PATIENT'S MED. RECORD</p> | |
| <p>Enter in above space</p> <p>PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE</p> <p>REQUESTING PHYSICIAN'S SIGNATURE <i>B. Saylor</i></p> <p>REPORTED BY <i>S. Czekai</i> (TECH) 8/22/01</p> | | <p>REMARKS - fasting -</p> | |
| TEST(S) | SPECIMEN TAKEN | TESTS | RESULTS |
| DATE 8/21/01 | TIME 6:32 A.M. | GLUCOSE | 83 mg/dL |
| RESULTS | REQUESTED (X) | UREA N. | |
| | | CREATININE | |
| | | URIC ACID | |
| | | SODIUM | |
| | | POTASSIUM | |
| | | CHLORIDE | |
| | | CO ₂ | |
| | | PHOSPHATE | |
| | | CALCIUM | |
| | | TOTAL PROTEIN | |
| | | ALBUMIN | |
| | | GLOBULIN | |
| | | ALKALINE PHOSPHATASE | |
| | | ACID PHOSPHATASE | |
| | | SGOT | |
| | | SGPT | |
| | | CK | |
| | | BLIRUBIN (TOTAL) | |
| | | BLIRUBIN (DIRECT) | |
| | | CHOLESTEROL | |
| | | TRIGLYCERIDES | |
| | | AMYLASE | |
| | | LIPASE | |
| | | PROFILE (Specify) | |
| | | | Normal: glucose = 72-120 |
| | | | Normal: glucose |

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

51627-060

WARD NO.

LABORATORY REPORTS
Standard Form 514Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505
October 1975 514-108

GPO : 1996 O - 169-617

10-10-68
10-10-68
10-10-68

ATTACHING MARGIN

0
16701 OCT 28 PM

WARD NO.

[illegible]

101 WALKER
 BOX 100
 101 WALKER

Distributed by:
Baxter Healthcare Corporation
Scientific Products Division

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION _____

WARD NO.

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
 Laboratory, 1900 W. Sunshine
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
 FINAL REPORT

Register Number : 51627-060 Age : 34yr
 Name : SIGGERS, KEVIN Sex : M
 Location : FCI MCKEAN (MCK) Room :
 Admit. Physician: MISCELLANEOUS DOCTOR *Pistrowski* Accession Number : 1228
 Order. Physician: MISCELLANEOUS DOCTOR
 Collected : 11/18/04 @ 06:20 by: REFE

| Test | Result | Flag | Reference Range/Units | Tech |
|--------------|--------|------|-------------------------------|-------|
| AUTODIFF | | | | |
| Neutrophils | 48.8 | | 43.0 - 67.0 % | JN RY |
| Lymphocytes | 37.1 | | 21.0 - 45.0 % | JN RY |
| Monocytes | 6.4 | | 5.0 - 13.0 % | JN RY |
| Eosinophils | 7.3 | HI | 0.0 - 7.0 % | JN RY |
| Basophils | 0.4 | | 0.0 - 1.0 % | JN RY |
| Neutrophil # | 3.2 | | 1.9 - 6.7 10 ³ /uL | JN RY |
| Lymphocyte # | 2.4 | | 1.3 - 3.7 10 ³ /uL | JN RY |
| Monocyte # | 0.4 | | 0.3 - 1.1 10 ³ /uL | JN RY |
| Eosinophil # | 0.5 | | 0.0 - 0.5 10 ³ /uL | JN RY |
| Basophil # | 0.0 | | 0.0 - 0.1 10 ³ /uL | JN RY |

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High

Name : SIGGERS, KEVIN
 Register Number : 51627-060
 Printed : 11/18/2004 @ 16:10

S. Czekal
 S. Czekal, Lab Tech

REVIEWED BY:
AK
 11/17/04

H. BEAM, MD
 FCI MCKEAN

Location : MCK
 Page : 2 of 2

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 51627-060
Name : SIGGERS, KEVIN Age : 34yr
Location : FCI MCKEAN (MCK) Sex : M
Admit. Physician: MISCELLANEOUS DOCTOR *Piotrowski* Room :
Order. Physician: MISCELLANEOUS DOCTOR Accession Number : 1228
Collected : 11/18/04 @ 06:20 by: REFE

| Test | Result | Flag | Reference Range/Units | Tech |
|--|---------|------|---------------------------------|-------|
| Collection Cmt. | Fasting | | | JN |
| LIPID TESTING | | | | |
| COMP. METABOLIC | | | | |
| Glucose | 96 | | 70 - 110 mg/dL | GK CK |
| Urea Nitrogen | 12 | | 7 - 22 mg/dL | GK CK |
| Creatinine | 1.1 | | 0.6 - 1.6 mg/dL | GK CK |
| SodiumI | 142 | | 137 - 148 mmol/L | GK CK |
| Potassium | 4.4 | | 3.5 - 5.0 mmol/L | GK CK |
| ChlorideI | 102 | | 99 - 114 mmol/L | GK CK |
| CalciumI | 9.0 | | 8.5 - 10.9 mg/dL | GK CK |
| Total Protein | 7.9 | | 6.0 - 8.2 g/dL | GK CK |
| Albumin | 4.2 | | 3.6 - 5.1 g/dL | GK CK |
| Alkaline Phos. | 71 | | 41 - 133 U/L | GK CK |
| AST(SGOT) | 45 | | 11 - 55 U/L | GK CK |
| Total BilirubinI | 0.7 | | 0.2 - 1.3 mg/dL | GK CK |
| Cholesterol | 169 | | 140 - 200 mg/dL | GK CK |
| Triglycerides | 180 | | 30 - 200 mg/dL | GK CK |
| ALT1(SGPT) | 44 | | 11 - 66 U/L | GK CK |
| HDL-CholesterolI | 55 | | 29 - 67 mg/dL | KS CK |
| Other factors critical to assessment of CHD risk - Overweight, Blood Pressure, Smoking and Familial History. | | | | |
| VLDL | 36 | | mg/dL | HS CK |
| LDL Cholesterol | 78 | | 62 - 130 mg/dL | HS CK |
| Chol/HDL Ratio | 3.1 | LO | 3.4 - 5.0 | HS CK |
| Glycohemoglobin | 6.3 | | 4.3 - 6.3 %A1C | KS RY |
| CBC | | | | |
| White Blood Cell | 6.6 | | 4.3 - 11.1 10 ³ /uL | JN RY |
| Red Blood Cells | 4.83 | | 4.46 - 5.78 10 ⁶ /uL | JN RY |
| Hemoglobin | 14.4 | | 13.6 - 17.6 g/dL | JN RY |
| Hematocrit | 42.7 | | 40.2 - 51.4 % | JN RY |
| MCV | 88.4 | | 82.5 - 96.5 fL | JN RY |
| MCH | 29.8 | | 27.1 - 34.3 pg | JN RY |
| MCHC | 33.7 | | 33.0 - 35.0 g/dL | JN RY |
| RDW | 13.4 | | 13.0 - 14.0 % | JN RY |
| PLT | 265 | | 130 - 374 10 ³ /uL | JN RY |
| MPV | 9.1 | | 6 - 10.5 fL | JN RY |

Legend

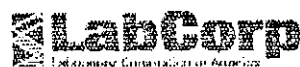
LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AL=Abnormal

Name : SIGGERS, KEVIN
Register Number : 51627-060
Printed : 11/18/2004 @ 16:10

Location : MCK
Page : 1 of 2

REVIEWED BY: *[Signature]*
11/23/04

H. BEAM, MD
FCI MCKEAN



LabCorp Dublin
6370 Wilcox Road
Dublin, OH 43016-1296

Phone: 614-889-1061

| | | | | | | | | |
|--|----------------------------------|--------------------------------|----------------------|--|--|---|-----------------------------------|--------------------------------------|
| Patient Name SIGGERS, KEVIN | | | | Patient ID 51627 060 | | Specimen Number 287-844-0631-0 | Account Number 37806845 | Control Number AR837806845 |
| Sex M | Date of Birth 08/22/70 | Age (Y/M/D) 34/01/21 | Fasting NO | Patient Phone | | Physician Name <i>R. Piotrowski, DAC</i> | | Physician ID PIOTROWSKI |
| Additional Information | | | | | | Account Federal Correctional Institute 00 McKean County Rt 59 & Big Shanty Road Lewis Run PA 16738 814-362-8900 | | |
| Date and Time Collected 10/13/04 11:00 | | Total Volume | | Date and Time Reported 10/15/04 15:13 ET | | | | |

Tests Ordered

Urinalysis, Routine; Urine Culture, Routine

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|----------------------------|------------|------|-----------|--------------------|-----|
| Urinalysis, Routine | | | | | |
| Urinalysis Gross Exam | | | | | CB |
| Specific Gravity | >=1.030 | Abn | | 1.005 - 1.030 | CB |
| pH | 5.5 | | | 5.0 - 7.5 | CB |
| Urine-Color | Yellow | | | Yellow | CB |
| Appearance | Clear | | | Clear | CB |
| WBC Esterase | Negative | | | Negative | CB |
| Protein | 1+ | Abn | | Negative/Trace | CB |
| Glucose | Negative | | | Negative | CB |
| Ketones | Trace | Abn | | Negative | CB |
| Occult Blood | 1+ | Abn | | Negative | CB |
| Bilirubin | Negative | | | Negative | CB |
| Urobilinogen, Semi-Qn | 0.2 | | mg/dL | 0.0 - 1.9 | CB |
| Nitrite, Urine | Negative | | | Negative | CB |
| Microscopic Examination | See below: | | | | CB |
| WBC | None seen | | /hpf | 0 - 5 | CB |
| RBC | None seen | | /hpf | 0 - 3 | CB |
| Epithelial Cells | 0-3 | | cells/hpf | 0 -10 | CB |
| Casts | None seen | | /lpf | None seen | CB |
| Crystals | None. | | | N/A | CB |
| Mucus Threads | Few | Abn | | None seen | CB |
| Bacteria | None seen | | | None seen/Few | CB |

Urine Culture, Routine

Urine Culture, Routine Final report CB
Result 1 CB
Culture shows less than 10,000 colony forming units of bacteria per milliliter of urine. This colony count is not generally considered to be clinically significant.

CB: LabCorp Dublin

Dir: Rose Goodwin, MD

6370 Wilcox Road, Dublin, OH 43016-1296

For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061

REVIEWED BY:

[Signature]
10/18/04

H. BEAM, MD
RCI MCKEAN

G. Czeka, Med Tech.

| | | | |
|-----------------------|------------------|-----------------------|------------|
| SIGGERS, KEVIN | 51627 060 | 287-844-0631-0 | Seq # 1282 |
|-----------------------|------------------|-----------------------|------------|

FINAL REPORT

Page 1 of 1

This document contains private and confidential health information protected by state and federal law. ©2004 Laboratory Corporation of America Holdings

If you have received this document in error, please call 412-937-1808

All Rights Reserved

Ver: 1.00

| | | | | |
|---|--------------|---------------|---------------|----|
| Specimen # | Type | Primary Lab | Report Status | Pg |
| 079-989-5732-0 | S | CB | Final | 1 |
| Additional Information | | | | |
| Time 1035 1SW SRC-ABSCESS BACK OF NECK CD- 52993363889 | | | | |
| Patient Name | | Sex | Age (Y/M/V) | |
| SIGGERS, KEVIN | | M | 032/06 | |
| Pat. Addr. | | | | |
| Date Collected | Date Entered | Date Reported | | |
| 03/20/03 | 03/21/03 | 03/24/03 | 0237 | |



| | |
|--|------------|
| Clinical Information | |
| Fasting: N | |
| Physician ID | Patient ID |
| BEAM H | 51627-060 |
| Accession # | |
| FEDERAL CORRECTIONAL INSTITUTE 37806845 MCKEAN COUNTY RT 59 & BIG SHANTY ROAD LEWIS RUN, PA 16738 814-362-8900 | |

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|--|-----------------------|--------|--------|--------------------|-----|
| AEROBIC BACTERIAL CULTURE | Final report. | | | | CB |
| RESULT 1 | Staphylococcus aureus | | | | CB |
| Heavy growth | | | | | |
| Methicillin resistant (MRSA) | | | | | |
| ***** S = Susceptible; I = Intermediate; R = Resistant | | | | | CB |
| MICS are expressed in micrograms per mL | | | | | |
| AB Susceptibility | RSLT#1 | RSLT#2 | RSLT#3 | RSLT#4 | LAB |
| AMOXICILLIN/CA | =R | | | | CB |
| AMPICILLIN/SULBACTAM | =R | | | | CB |
| CEFAZOLIN | =R | | | | CB |
| CIPROFLOXACIN | =R | | | | CB |
| CLINDAMYCIN | =S | | | | CB |
| ERYTHROMYCIN | =R | | | | CB |
| GENTAMICIN | =S | | | | CB |
| LEVOFLOXACIN | =R | | | | CB |
| OXACILLIN | =R | | | | CB |
| PENICILLIN (STAPH.) | =R | | | | CB |
| RIFAMPIN | =S | | | | CB |
| TETRACYCLINE | =S | | | | CB |
| TRIMETH-SULFA | =S | | | | CB |
| VANCOMYCIN | =S | | | | CB |

Lab: CB LABCORP DUBLIN Director: RICHARD MCVAY, MD
6370 WILCOX ROAD DUBLIN, OH 43016-1296

For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061
Last Page of Report

FOR MCKEAN HEALTH SVC.
03/25/03 AM 9:42

S. Czekai, MT
S. Czekai, Med Tech.

REVIEWED BY:
[Signature]
3/26/03
L. BEAM, MD
FBI MCKEAN

This document contains private and confidential health information protected by state and federal law. If you are not the intended recipient and have received this document in error, please call 1-877-735-5776.

SIGGERS, KEVIN

REPORT
Report Date: 03-24-03 Report Time: 15:07 All Rights Reserved
© 2002 Laboratory Corporation of America® Holdings

| | | | |
|---|--------------|---|-----------------------------------|
| SPECIMEN | | Case 1:03-cv-00355-SJM-SPB Document 48-7 Filed 02/16/20 Page 27 of 41 | |
| 323-989-5641-0 | S | CH | FINAL PG 1 |
| TIME 0730 | | ADDITIONAL INFORMATION | |
| 1 UC | | DOB: 08/22/70 | |
| CD- 52064068615 | | | |
| PATIENT INFORMATION | | SEX | AGE (YR./MOS.) |
| SIGGERS, KEVIN 51627-060 | | M | 028/02 |
| PT. ADD. | | | |
| DATE OF COLLECTION | DATE ENTERED | DATE REPORTED | 1592 |
| 11/19/98 | 11/20/98 | 11/21/98 | |
| TEST | | RESULT | FLAG UNITS REFERENCE INTERVAL LAB |
| URINE CULTURE, RO... | | Final report. | CB |
| RESULT 1 | | | CB |
| NO GROWTH AFTER 48 HOURS OF INCUBATION. | | | |
| LAB: CB LABCORP DUBLIN | | DIRECTOR: RICHARD MCVAY MD | |
| 6370 WILCOX ROAD DUBLIN, OH 43016-1296 | | | |
| FOR INQUIRIES, THE PHYSICIAN MAY CONTACT: | | RICHARD MCVAY MD | |
| | | BRANCH: 814-833-0426 LAB: 800-321-3862 | |
| LAST PAGE OF REPORT | | | |

FCI MCKEAN HEALTH SVC.
96 NOV 23 AM 7:57

Szczekai, MT
S. Czeka, Med Tech.

DR. SAQUINI
SAQUINI, DR.

REPORT

©1995 Laboratory Corporation of America™ Holdings
All Rights Reserved

SIGGERS, IKEVIN

51627-060

11/19/98

PATIENT NAME: Kevin Siggers

REGISTRATION
NUMBER: 51627-060

DATE OF EXAM: 8/27/04

DATE TYPED: 9/7/04

EXAMINATION:

RIGHT HIP:


Multiple views of the right hip were obtained. Orthopedic hardware is in place in the patient's right hip. The patient apparently has an old selective epiphysis. The left hip shows no obvious fracture. It appears that there might have been an old partial slip here as well.



Mark J. Welch, M.D.

kte

REVIEWED BY:


9/13/04
REC'D

51627-060

PATIENT NAME: Kevin Siggers
EXAM: Left Lower Leg
ORDERING PHYSICIAN: B. Douthit

LEFT LOWER LEG:

The distal tibial and fibula are not well visualized. No acute fracture is seen. No dislocation or bony destructive process is noted.

IMPRESSION:

No evidence of acute fracture.



Mark Welch, M.D.*sz

Reviewed by D. Olson, MD
Date 5/24/04

FCI MCKEAN
BOX 5000
BRADFORD, PA 16701

NAME: Kevin Siggers
DOB: 8-22-70
AGE:
REG.NO: 51627-060
EXAM: Chest
DATE: 12-19-03
REASON: Hilar Prominence
REQ.BY: Beam

DATE DICTATED: 1-9-04


DATE TYPED: 1-9-04

CHEST:

The heart is not enlarged. No failure or pneumonia is seen.

IMPRESSION:

No acute disease.


Mark Welch, M.D.
BRMC
caw


reviewed by D. Olson, MD
1/26/04

FCI MCKEAN
BOX 5000
Bradford, PA 16701

Siggers
NAME: Kevin Liggers
DOB: 8-22-70
AGE: 32
REG NO: 51627-060
EXAM: Chest
DATE: 7-23-03
REASON: SOB
REQ.BY: Asp

DATE DICTATED 7-30-03

DATE TYPED 8-5-03


CHEST:

The apex is cut off. The heart is not enlarged. Prominence of the hilar regions are noted. Further evaluation with CT is advised.

IMPRESSION:

Limited study. Hilar prominence as noted. CT is advised.

Reviewed by D. Olson, MD
Date. *8/6/03*


Mark Welch, M.D.
BRMC
caw

REVIEWED BY

H. Beam
8/7/03

H. BEAM, MD
FCI MCKEAN

ATTACH 2D REPORT WITH TOP AT THIS LINE ▲

NSN 7540-00-634-4162

519-218

PATIENT IDENTIFICATION (For typed or written entries give:
Name — last, first, middle, Medical Facility)

AGE SEX SSN (Sponsor)

WARD/CLINIC

REGISTER NO.

Siggers, Kevin

28

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

Rt. Foot

51627-060

REQUESTED BY

PA Flatt

TELEPHONE NO.

LOCATION OF MEDICAL RECORDS

FBI McKen

FILM NO.

DATE REQUESTED

2/19/99

PREGNANT

☐ YES☐ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

Pain

DATE OF EXAMINATION (Month, day, year)

2/24/99

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

② foot - 2V - Right view
 Distal aspect of 1-3 toes not
 included on film
 Slight swelling @ 1st MTP joint actually

J. OLSON, M.D.
CLINICAL DIRECTOR

SIGNATURE

J. Olson 2-25-99

LOCATION OF RADIOLOGIC FACILITY

1 - MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505

FIRM (41 CFR) 201-45.505

☆ U.S. GOVERNMENT PRINTING OFFICE: 1992 - 342-199 / 50169

71 AUG 82 11:10

ATTACH 3D REPORT ALONG HERE ▲ AND SUCCEEDING ONES ON ABOVE LINES

NSN 7540-00-834-4162

519-218

PATIENT IDENTIFICATION (For typed or written entries give:
Name — last, first, middle, Medical Facility)

Siggers, Kevin

| | | | |
|-----------------|---------------------|-------------------|---------------------------|
| AGE SEX 28 M | SSN (Sponsor) XX | WARD/CLINIC OT | REGISTER NO. 51627-060 |
|-----------------|---------------------|-------------------|---------------------------|

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

Rt. Hip

| | |
|----------------------------|-------------------------------|
| REQUESTED BY PA Hamandi | TELEPHONE NO. 814-362-8900 |
|----------------------------|-------------------------------|

LOCATION OF MEDICAL RECORDS

FCI McKean

| | | |
|-----------------------|----------------------------|---|
| FILM NO. 51627-060 | DATE REQUESTED 12/14/98 | PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|-----------------------|----------------------------|---|

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

Hx hip Fx, f/o abnormality

0850 2-views shielded
50030 @ 84k M. Youngs, RT, J.D.

| | | |
|--|--|---|
| DATE OF EXAMINATION (Month, day, year) 3/5/99 | DATE OF REPORT (Month, day, year) 3-11-99 | DATE OF TRANSCRIPTION (Month, day, year) 3-11-99 *my |
|--|--|---|

RADIOLOGIC REPORT

Two views show patient to be status post hip pinning with three metallic devices with their tips appearing within the femoral head on the one of the two views that show the femoral head completely. The femoral head as seen is rounded. The femoral neck appears broadened with the femoral head and neck somewhat foreshortened in appearance. The prior hip fracture and post operative changes appear well healed.

3/19/99

J. OLSON M.D.
RADIOLOGIC DIRECTOR

SIGNATURE

L. Dallaire, M.D.

LOCATION OF RADIOLOGIC FACILITY

FCI MCKEAN BRADFORD, PA PO BOX 5000

1 - MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505

☆ U.S.G.P.O.: 1994 - 367-738

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR

519-218

SN 7540-00-634-4162

PATIENT IDENTIFICATION (For typed or written entries give:
name - last, first, middle, Medical Facility)SIGGERS, KEVIN
DOB: 8-22-70

AGE SEX SSN (Sponsor)

29 M

XX

WARD/CLINIC

OP

REGISTER NO.

51627-060

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

KUB
REQUESTED BY

TELEPHONE NO.

814-362-8900

FILM NO.

51627-060

W. HAMANDI, MLP

DATE REQUESTED

9-3-99

PREGNANT

☐ YES☐ NO

TIME: 0950

SHIELDED: YES ☒ NO

VIEWS: 1

LOCATION OF MEDICAL RECORDS

FCI MCKEAN BRADFORD, PA

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

? Stone in urinary tract

TECHNIQUE: 300 200 80KV

PERFORMED BY: Myra Youngs, RT(R)

DATE OF EXAMINATION (Month, day, year)

9-10-99

DATE OF REPORT (Month, day, year)

9-16-99

DATE OF TRANSCRIPTION (Month, day, year)

9-17-99 *my

RADIOLOGIC REPORT

Single flat film of the abdomen is obtained. There is a moderate amount of stool in the ~~xxx~~ ^{6/24/99}

I see no definite unusual calcifications about the expected confines of the urinary tract to suggest calculus on this unprepared KUB. I see no organomegaly.

If symptoms persist an IVP would be helpful to exclude ureteral calculi.

Incidental note is made of several pins in the right hip.

D. Olson, MD
Clinical Director

SIGNATURE

L. Dallaire, M.D.

1 - MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

RADIOLOGIC CONSULTATION REQUEST/REPORT

*U.S.G.P.O.: 1994-387-738

RADIOLOGIC CONSULTATION REQUEST/REPORT

1 - MEDICAL RECORD

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

NSN 7540-00-634-4162

PATIENT IDENTIFICATION (For typed or written entries give:
Name — last, first, middle, Medical Facility)

SIGGERS, KEVIN

AGE SEX SSN (Sponsor)

31 M

WARD/CLINIC

REGISTER NO.

51627-060

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

(L) ankle

REQUESTED BY

Olson

TELEPHONE NO.

362-8900

LOCATION OF MEDICAL RECORDS

FCI McKean

FILM NO.

DATE REQUESTED

9/6/01

PREGNANT

☐ YES ☒ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

R/O fx

DATE OF EXAMINATION (Month, day, year)

9/6/01

DATE OF REPORT (Month, day, year)

11-101

DATE OF TRANSCRIPTION (Month, day, year)

11-1-01

RADIOLOGIC REPORT

LEFT ANKLE: Multiple views of the left ankle were ordered. the examination which was presented in more of a foot. No fracture, dislocation, or bony destructive process is noted. It is recommended that the patient have left ankle films if there is concern for injury.

IMPRESSION:

No evidence of fracture of the foot.

Reviewed by D. Olson, MD
Date: 9/11/01

SIGNATURE

Mark Welch, M.D.

1 - MEDICAL RECORD

LOCATION OF RADIOLOGIC FACILITY

BRMC

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505

SIGNATURE

L. Dallaire, M.D.

1 - MEDICAL RECORD

FCI McKean PO Box 2000

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505

1 - MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505

FIRM (41 CFR) 201-45.505

Oklahoma
(405) 680-
X-RAY REPORT

FEDERAL TRANSFER CENTER

NAME

SIGGERS, KEVIN

ADDRESS:

AGE

27 M

DATE

03/18/98

ADMIT#:

DIAGNOSIS:

SSN#:

PHYSICIAN

LAWRENCE HUBER, D.O.

REPORT:

CHEST: This survey demonstrates the pulmonary and cardiovascular structures to be within normal limits. Thoracic cage is symmetrical bilaterally, and free of gross pathology.

IMPRESSION: Unremarkable chest survey.

3/23/98
Huber

THANK YOU FOR REFERRING THIS PATIENT



DR.

T.H. MOLSKNESS, D.O.

RADIOLOGIST

721

03/19/98 12:17

BP-S622.060 RADIOLOGIC CONSULTATION REQUEST/REPORT CD FORM
AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | | | |
|---|--|-----------------|----------------------------------|
| Patient Identification Name, Register Number, Institution <i>Siggers, Kevin</i> | Age <i>27</i> | Sex <i>M</i> | EXAMINATION REQUESTED CXR |
| | Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <i>51627-066</i> | Requested by <i>HUBER</i> | | Date Requested <i>3/18/98</i> |

Specific reason(s) for request (Complaints and findings)

T.B. SCREENING

| | | | |
|---------------------------------------|----------------|-----------------------|--------|
| Date of examination <i>3-18-98</i> | Date of Report | Date of Transcription | Film # |
|---------------------------------------|----------------|-----------------------|--------|

Radiologic Report

Chris Reeves, RTR
Federal Transfer Center, OKC, OK

| | |
|-----------|---------------------------------|
| Signature | Location of Radiologic Facility |
|-----------|---------------------------------|

Original - Medical Record; Copy - Physician; Copy - Radiology
(This form may be replicated via WP)

Printed on Recycled Paper

THANK YOU FOR REFERRING THIS PATIENT

DR.

T. H. MOLSKNESS, D.O.

RADIOLOGIST

721

03/19/98 12:17

Ord. Date 04/28/04 SIGGERS, KEVIN LAMAR D. OLSON
51627-060 (0) Refills
Exp. Date 05/27/04 TAKE ONE TABLET THREE TIMES DAILY
AS NEEDED
Rx #
166603 NAPROXEN SODIUM 275 MG TAB #21

Medication Summary Sheet

| | | |
|----------------------|----------------------|---|
| Ord.Date 10/28/03 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 01/25/04 | 51627-060 | (2)Refills |
| Rx # | 157526 | ALBUTEROL INH 90MCG 17GM #1 |
| Ord.Date 10/28/03 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 01/25/04 | 51627-060 | (2)Refills |
| Rx # | 157527 | TRIAMCINOLONE ACETONIDE 200MCG/INH MDI #1 |
| Ord.Date 10/28/03 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 11/26/03 | 51627-060 | (0)Refills |
| Rx # | 157528 | PREDNISONE 5 MG TAB #72 |
| Ord.Date 10/28/03 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 12/11/03 | 51627-060 | (2)Refills |
| Rx # | 157529 | DIPHENHYDRAMINE 25 MG CAP #30 |
| Ord.Date 11/18/03 | SIGGERS, KEVIN LAMAR | B. SAYLOR |
| Exp.Date 02/15/04 | 51627-060 | (0)Refills |
| Rx # | 158704 | BACITRACIN OINT #1 |
| Ord.Date 11/18/03 | SIGGERS, KEVIN LAMAR | B. SAYLOR |
| Exp.Date 02/15/04 | 51627-060 | (0)Refills |
| Rx # | 158703 | IBUPROFEN 800 MG TAB #30 |
| Ord.Date 11/20/03 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 02/17/04 | 51627-060 | (2)Refills |
| Rx # | 158899 | ALBUTEROL INH 90MCG 17GM #1 |
| Ord.Date 11/20/03 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 02/17/04 | 51627-060 | (2)Refills |
| Rx # | 158900 | TRIAMCINOLONE ACETONIDE 200MCG/INH MDI #1 |
| Ord.Date 11/20/03 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 02/17/04 | 51627-060 | (12)Refills |
| Rx # | 158901 | DIPHENHYDRAMINE 25 MG CAP #21 |

| | | |
|----------------------|----------------------|--|
| Ord.Date 12/01/03 | SIGGERS, KEVIN LAMAR | S. LABROZZI |
| Exp.Date 12/14/03 | 51627-060 | (0)Refills |
| Rx # | 159468 | TETRACYCLINE HCL 500 MG CAP #40 |
| Ord.Date 02/02/04 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 05/01/04 | 51627-060 | (2)Refills |
| Rx # | 162797 | MONTELUKAST NA 10MG TAB 10MG #30 |
| Ord.Date 02/02/04 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 05/01/04 | 51627-060 | (2)Refills |
| Rx # | 162798 | ALBUTEROL INH 90MCG 17GM #1 |
| Ord.Date 02/02/04 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 05/01/04 | 51627-060 | (2)Refills |
| Rx # | 162799 | TRIAMCINOLONE ACETONIDE 200MCG/INH MDI #1 |
| Ord.Date 02/02/04 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 05/01/04 | 51627-060 | (3)Refills |
| Rx # | 162800 | DIPHENHYDRAMINE 25 MG CAP #30 |
| Ord.Date 02/02/04 | SIGGERS, KEVIN LAMAR | H. BEAM, MD |
| Exp.Date 03/02/04 | 51627-060 | (0)Refills |
| Rx # | 162801 | BISACODYL, E.C. 5 MG TAB #10 |
| Ord.Date 02/26/04 | SIGGERS, KEVIN LAMAR | R. PIOTROWSKI |
| Exp.Date 03/16/04 | 51627-060 | (0)Refills |
| Rx # | 163884 | TRIPROUDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #20 |
| Ord.Date 02/26/04 | SIGGERS, KEVIN LAMAR | R. PIOTROWSKI |
| Exp.Date 05/25/04 | 51627-060 | (1)Refills |
| Rx # | 163885 | FLUNISOLIDE NASAL SPRAY 0.025% ML #1 |
| Ord.Date 04/28/04 | SIGGERS, KEVIN LAMAR | D. OLSON |
| Exp.Date 08/25/04 | 51627-060 | (3)Refills |
| Rx # | 166600 | TRIAMCINOLONE ACETONIDE 200MCG/INH MDI #1 |
| Ord.Date 04/28/04 | SIGGERS, KEVIN LAMAR | D. OLSON |
| Exp.Date 08/25/04 | 51627-060 | (3)Refills |
| Rx # | 166601 | ALBUTEROL INH 90MCG 17GM #1 |
| Ord.Date 04/28/04 | SIGGERS, KEVIN LAMAR | D. OLSON |
| Exp.Date 08/25/04 | 51627-060 | (3)Refills |
| Rx # | 166802 | MONTELUKAST NA 10MG TAB 10MG #30 |

SIGGERS, KEVIN LAMAR
51627-060
KEVIN HOUSING FACILITY - C02
1/2003

FCI
McKean

FCI MCKEAN PHARMACY
104499 D. OLSON 06/09/00
SIGGERS, KEVIN LAMAR 51627-060
MCK - C02-228U
TAKE TWO TABLETS AT BEDTIME (2030)
(L)

RAZODONE 50 MG TAB # 2
(0)Refills 06/05/2000 CLO

FCI MCKEAN PHARMACY
104775 G. FAIRBANKS 06/09/00
SIGGERS, KEVIN LAMAR 51627-060
MCK - C02-228U
TAKE ONE TABLET AT 8:30PM PILL
LINE **DOSE DECREASE**

TRAZODONE 50 MG TAB
(8)Refills 06/09/2000 CLO

CAUTION: Federal law prohibits transfer of this drug
FCI MCKEAN PHARMACY
104780 G. FAIRBANKS 06/09/00
SIGGERS, KEVIN LAMAR 51627-060
MCK - C02-228U
TAKE ONE TABLET EVERY SIX HOURS
UNTIL FINISHED

ERYTHROMYCIN BASE 250 MG #
(0)Refills 06/09/2000 CLO

FCI MCKEAN PHARMACY
104781 G. FAIRBANKS 06/09/00
SIGGERS, KEVIN LAMAR 51627-060
MCK - C02-228U
TAKE TWO TABLETS EVERY EIGHT
HOURS AS NEEDED

ACETAMINOPHEN 500 MG CAPL # 2
(0)Refills 06/09/2000 CLO

FCI MCKEAN PHARMACY
106891 J. GOMEZ-LEO 08/15/00
SIGGERS, KEVIN LAMAR 51627-060
MCK - C02-228U
TAKE TWO TABLETS EVERY EIGHT
HOURS

ACETAMINOPHEN 500 MG CAPL # 3
(1)Refills 08/15/2000 CLO RxExp 09/23/00

CAUTION: Federal/State law prohibits transfer of this drug
to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY
107892 J. GOMEZ-LEO 09/18/00
SIGGERS, KEVIN LAMAR 51627-060
MCK - C02-228U
TAKE ONE TABLET AT BEDTIME P/L

TRAZODONE 50 MG TAB # 10
(8)Refills 09/18/2000 CLO RxExp 12/16/00

FCI MCKEAN PHARMACY
110687 G. FAIRBANKS 12/15/00
SIGGERS, KEVIN LAMAR 51627-060
MCKEAN HOUSING FACILITY - C02-228U
D/C PILL LINE TRAZODONE 50MG AT
BEDTIME PER 12/15/00 PSYCH CLINIC
PER DR. OLSON

TRAZODONE 50 MG TAB #30
(0)Refills 12/15/2000 CLO RxExp 01/13/01

FCI MCKEAN PHARMACY
118200 J. GOMEZ-LEO 08/03/00
SIGGERS, KEVIN LAMAR 51627-060
MCKEAN HOUSING FACILITY - C02-228U
INSERT 1 SUPPOSITORY RECTALLY
TWICE DAILY AS NEEDED

HYDROCORTISONE ACETAT 25 MG EA #12
(1)Refills 08/03/2001 DAO RxExp 09/01/01

FCI MCKEAN PHARMACY
118201 J. GOMEZ-LEO 08/03/00
SIGGERS, KEVIN LAMAR 51627-060
MCKEAN HOUSING FACILITY - C02-228U
USE BEFORE AND AFTER EACH
BOWEL MOVEMENT **EXTERNAL
ONLY**

DIBUCAINE OINTMENT 1% GM
(0)Refills 08/03/2001 DAO RxExp 09/01/01

FCI MCKEAN PHARMACY
118202 J. GOMEZ-LEO 08/03/00
SIGGERS, KEVIN LAMAR 51627-060
MCKEAN HOUSING FACILITY - C02-228U
TAKE ONE CAPSULE TWICE DAILY
(NOON AND DINNER)

DOCUSATE 100 MG CAP #30
(0)Refills 08/03/2001 DAO RxExp 08/17/01

CAUTION: Federal/State law prohibits transfer of this drug
to any person other than patient for whom prescribed.

Ord Date 10/16/02
Exp Date 11/14/02
SIGGERS, KEVIN LAMAR
TAKE TWO TABLETS EVERY 6 TO 8
HOURS AS NEEDED
Rx # 137409
ACETAMINOPHEN 500 MG CAPL
#30
J. GLENN
(0)Refills

Ord Date 02/03/03
Exp Date 02/12/03
SIGGERS, KEVIN LAMAR 51627-060
TAKE ONE CAPSULE FOUR TIMES
DAILY UNTIL FINISHED
Rx # 142383
CEPHALEXIN 500 MG CAP #40

Ord Date 02/03/03
Exp Date 02/22/03
SIGGERS, KEVIN LAMAR 51627-060
TAKE ONE TABLET THREE TIMES DAILY
AS NEEDED WITH FOOD
Rx # 142384
IBUPROFEN 800 MG TAB #20

Ord Date 02/03/03
Exp Date 03/04/03
SIGGERS, KEVIN LAMAR 51627-060
APPLY TO AFFECTED AREA TWO TIMES
A DAY **EXTERNAL USE ONLY**
Rx # 142404
BACITRACIN OINTMENT #1

Ord Date 03/11/03
Exp Date 03/20/03
SIGGERS, KEVIN LAMAR 51627-060
TAKE ONE CAPSULE FOUR TIMES
DAILY UNTIL FINISHED
Rx # 144508
CEPHALEXIN 500 MG CAP #40
H. BEAM, MD
(0)Refills

Ord.Date SIGGERS, KEVIN LAMAR J. GLENN
03/12/03 51627-060 (1)Refills
Exp.Date TAKE TWO TABLETS EVERY EIGHT
06/09/03 HOURS AS NEEDED
Rx #
144524 ACETAMINOPHEN 500 MG CAPL #30

Ord.Date SIGGERS, KEVIN LAMAR S. LABROZZI
03/20/03 51627-060 (0)Refills
Exp.Date TAKE ONE CAPSULE FOUR TIMES A
04/06/03 DAY FOR 10 DAYS
Rx #
144972 CEPHALEXIN 500 MG CAP #40

Ord.Date SIGGERS, KEVIN LAMAR H. BEAM,MD
03/27/03 51627-060 (0)Refills
Exp.Date TAKE ONE CAPSULE FOUR TIMES
04/05/03 DAILY UNTIL FINISHED
Rx #
145317 TETRACYCLINE HCL 500 MG CAP #40

Ord.Date SIGGERS, KEVIN LAMAR W. COLLINS
06/04/03 51627-060 (0)Refills
Exp.Date TAKE TWO TABLETS EVERY TWELVE
07/03/03 HOURS
Rx #
149224 CLINDAMYCIN 150 MG CAP #30

Ord.Date SIGGERS, KEVIN LAMAR W. COLLINS
06/04/03 51627-060 (0)Refills
Exp.Date TAKE ONE TABLET EVERY 8 HOURS AS
07/03/03 NEEDED FOR PAIN
Rx #
149225 IBUPROFEN 800 MG TAB #20

Ord.Date SIGGERS, KEVIN LAMAR S. LABROZZI
06/24/03 51627-060 (0)Refills
Exp.Date INHALE 1 TO 2 PUFFS FOUR TIMES
07/23/03 DAILY AS NEEDED
Rx #
150247 ALBUTEROL INHALER 17 GM #1

Ord.Date SIGGERS, KEVIN LAMAR S. LABROZZI
06/24/03 51627-060 (2)Refills
Exp.Date INHALE 2 PUFFS IN EACH NOSTRIL 4
09/21/03 TIMES A DAY AND AS NEEDED
Rx #
150248 SALINE NASAL SPRAY #1

Ord.Date SIGGERS, KEVIN LAMAR B. SAYLOR
09/17/03 51627-060 (0)Refills
Exp.Date DRINK 10 OZ. AT PILL LINE
09/17/03
Rx #
155087 MAGNESIUM CITRATE SOLUTION ML #1

Ord.Date SIGGERS, KEVIN LAMAR B. SAYLOR
09/17/03 51627-060 (3)Refills
Exp.Date TAKE ONE TABLET THREE TIMES DAILY
12/15/03 WITH PLenty OF WATER
Rx #
155088 FIBERCON CAPLETS #30

Ord.Date SIGGERS, KEVIN LAMAR S. LABROZZI
04/07/03 51627-060 (0)Refills
Exp.Date ONE CAPSULE 4 TIMES DAILY BEFORE
04/26/03 MEALS & BEDTIME (EMPTY STOMACH)
Rx #
145004 TETRACYCLINE HCL 500 MG CAP #40

Ord.Date SIGGERS, KEVIN LAMAR W. COLLINS
05/07/03 51627-060 (0)Refills
Exp.Date TAKE FOUR CAPSULES 1 HOUR
05/16/03 BEFORE PROCEDURE
Rx #
147673 CLINDAMYCIN 150 MG CAP #4

Ord.Date SIGGERS, KEVIN LAMAR W. COLLINS
05/15/03 51627-060 (0)Refills
Exp.Date TAKE FOUR CAPSULES 1 HOUR
06/19/03 BEFORE PROCEDURE
Rx #
148227 CLINDAMYCIN 150 MG CAP #4

Ord.Date SIGGERS, KEVIN LAMAR W. COLLINS
05/21/03 51627-060 (0)Refills
Exp.Date TAKE FOUR CAPSULES 1 HOUR
05/27/03 BEFORE PROCEDURE
Rx #
148535 CLINDAMYCIN 150 MG CAP #4

Ord.Date SIGGERS, KEVIN LAMAR W. COLLINS
06/17/03 51627-060 (0)Refills
Exp.Date TAKE FOUR CAPSULES ONE HOUR
06/30/03 BEFORE PROCEDURE
Rx #
149880 CLINDAMYCIN 150 MG CAP #4

Ord.Date SIGGERS, KEVIN LAMAR W. COLLINS
06/25/03 51627-060 (0)Refills
Exp.Date TAKE FOUR CAPSULES ONE HOUR
07/08/03 BEFORE PROCEDURE
Rx #
150309 CLINDAMYCIN 150 MG CAP #4

Ord.Date SIGGERS, KEVIN LAMAR W. COLLINS
08/25/03 51627-060 (0)Refills
Exp.Date TAKE FOUR CAPSULES 1 HOUR
09/31/03 BEFORE PROCEDURE
Rx #
153676 CLINDAMYCIN 150 MG CAP #4

Ord.Date SIGGERS, KEVIN LAMAR H. BEAM,MD
09/23/03 51627-060 (2)Refills
Exp.Date SHAKE WELL: TAKE 2
12/21/03 METERED-INHALATIONS (PUFFS) 4
TIMES DAILY.
Rx #
155319 ALBUTEROL INH 90MCG 17GM #1

Ord.Date SIGGERS, KEVIN LAMAR J. GLENN
10/17/03 51627-060 (0)Refills
Exp.Date APPLY TWICE DAILY TO AREAS ON
11/15/03 ELBOWS **EXTERNAL USE ONLY**
Rx #
156897 HYDROCORTISONE 1% CRM #1

Ord.Date SIGGERS, KEVIN LAMAR J. GLENN
10/17/03 51627-060 (0)Refills
Exp.Date TAKE ONE CAPSULE TWICE DAILY AS
10/31/03 NEEDED **MAY CAUSE DROWSINESS**
Rx #
156898 DIPHENHYDRAMINE 25 MG CAP #15